

Name
in
Full

Katherine Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	ELK RIDGE	Howard			
Date of death	1909	Month July	Day 24	Age 34	Years
Sex	Female	Color or Race	white	Birth-place	Baltimore Maryland
Occupation	housewife	Where Residing if not at place of death		lived at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	William Barrett		
Father's Name	Jacob Fuchs		Father's Birthplace	Germany	
Mother's Maiden Name	Annie C Fitcher		Mother's Birthplace	Germany	
Name of person giving Information	William Barrett		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

X

Immediate

some

How long

2 years

Are the name, age, sex, color, date and place correctly given above?

D

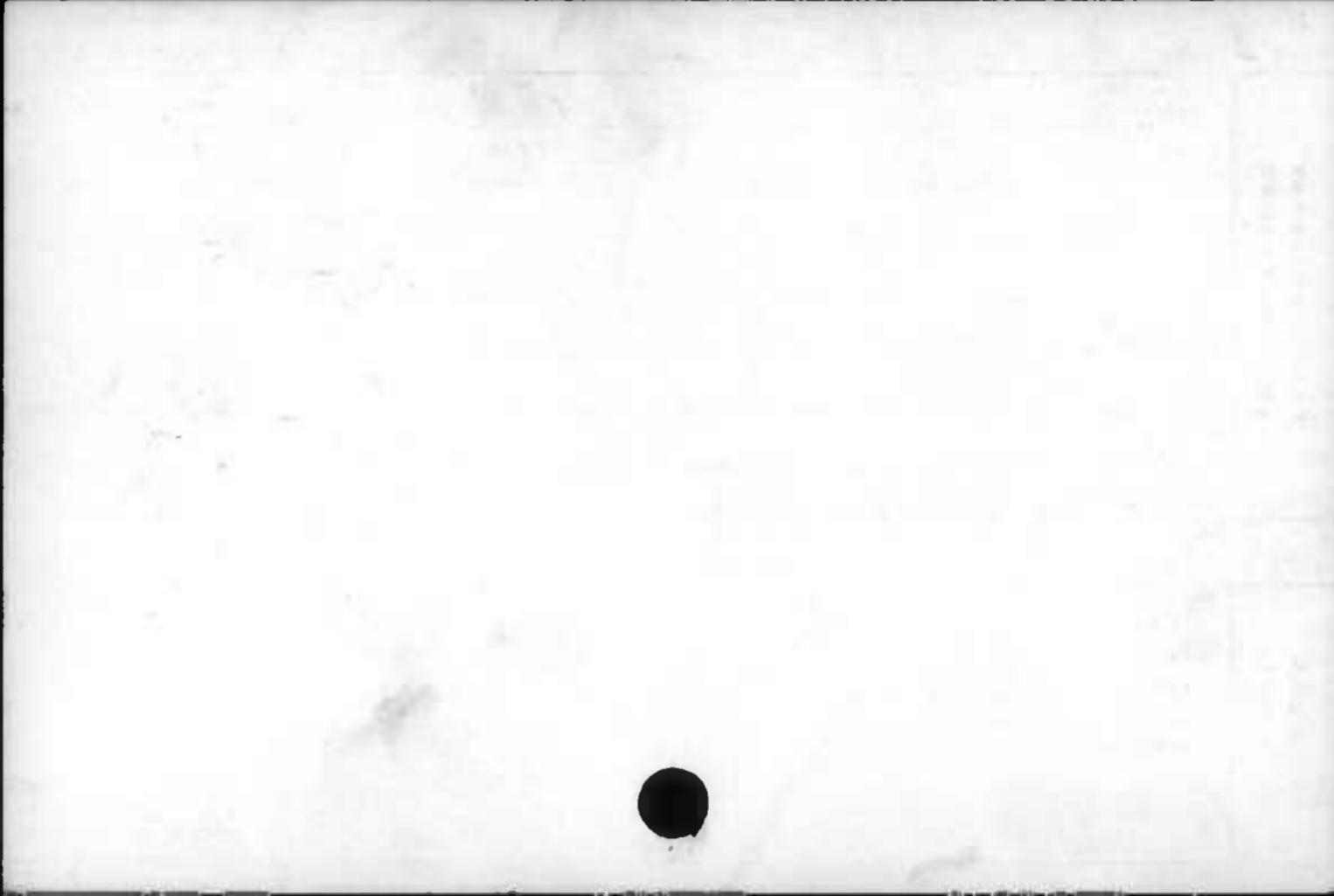
Signature of Physician

Address

Arthur Williams
ELK RIDGE AND

Accident or Suicide

no



Name
in
Full

Claude Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death		Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	51	
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	none	Virginia	
Father's Name	David Brown	Mother's Birthplace			
Mother's Maiden Name	Mary Fiedler	Maryland			
Name of person giving Information	Herman Allen	How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary: Lungerculosis (tuberculosis) 6 mos.
Immediate: exhaustion progressive

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W.C. Smith
Address: 111 C. Street
Ellicott City

Accident or Suicide:

Name
in
Full

Thomas John Burniss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Elkton

own

Date
of death

190

Month

July

Day

30

Sex

Male

Color or
Race

Age

—

County

Howard

Years

MARYLAND

Months

Days

Occupation

white

Birth-
place

Maryland

Where Reading if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George M. Burniss

Father's
Birthplace

Montgomery Co.

Mother's
Maiden Name

Mary Thompson

Mother's
Birthplace

Howard Co.

Name of person giving
Information

Charles Carroll

How related
to deceased

none

CAUSES OF DEATH

Primary

Inanition
by Inanition

151

X

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John W. Webb Jr.
West Friendship
Howard County, Md.

How long

15 days

8

Accident or Suicide

452

Name
in
Full

Sydney A. Dorsey

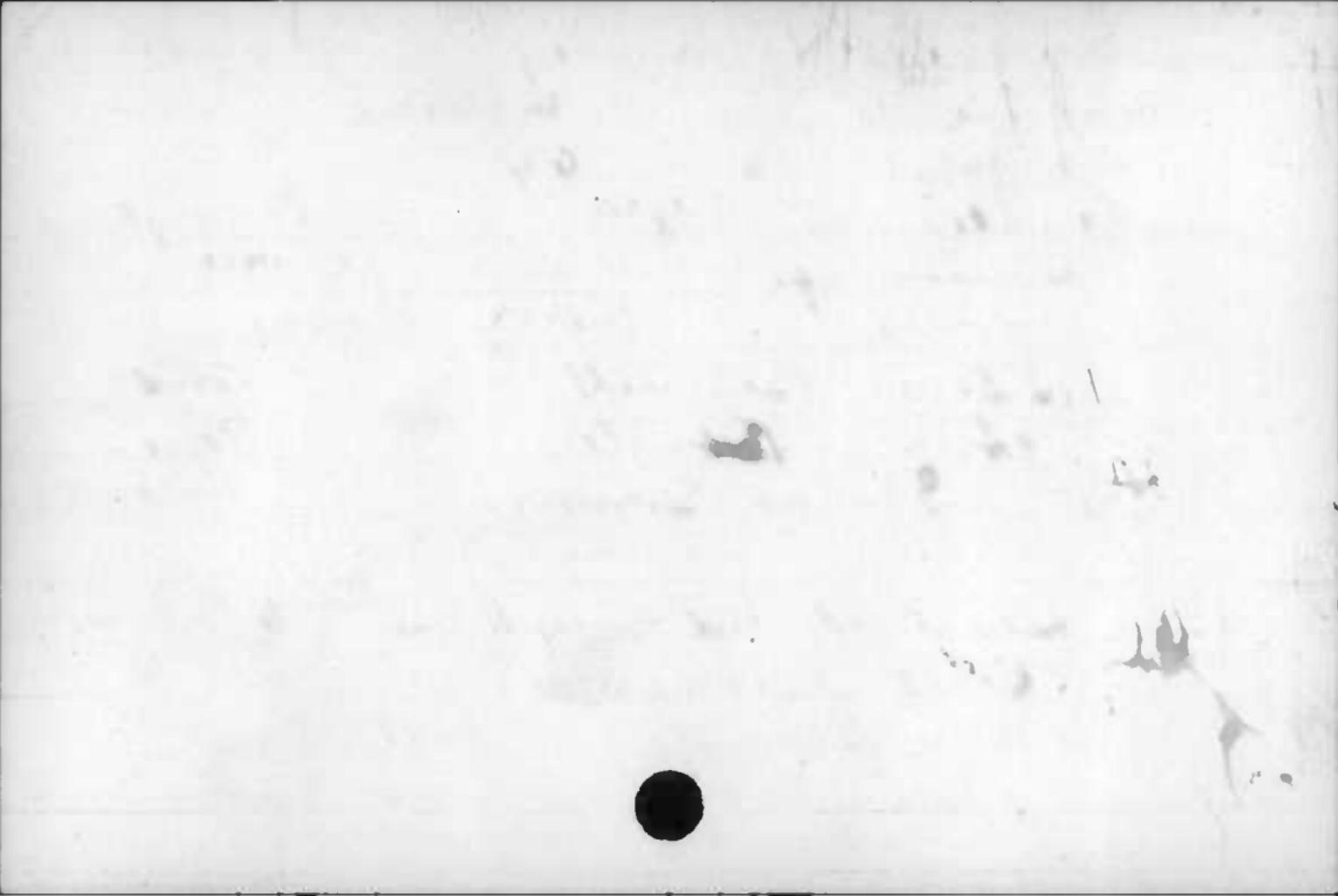
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Lisbon</u>		Town	County <u>Howard</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>July</u>	Day <u>26.</u>	Age <u>64.</u>	Years	Months	Days	
Sex <u>Female.</u>	Color or Race <u>negro</u>	Birth-place <u>Maryland</u>		<u>above.</u>			
Occupation <u>House-wife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Perry Dorsey,</u>	Father's Birthplace <u>Md.</u>					
Father's Name <u>Lewis Bennett</u>	Mother's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Ettric Shattuck</u>	How related to deceased <u>Friend.</u>						
Name of person giving information <u>Isaiah Somers.</u>							

CAUSES OF DEATH

Primary <u>Heart of Kidney Disease</u>	How long <u>6 months</u>
Immediate <u>Heart disease.</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <u>J. W. Lacy.</u>
	Address <u>Lisbon</u>
Accident or Suicide? <u>No.</u>	<u>Md</u>



Name
in
Full

Rosie Dotson

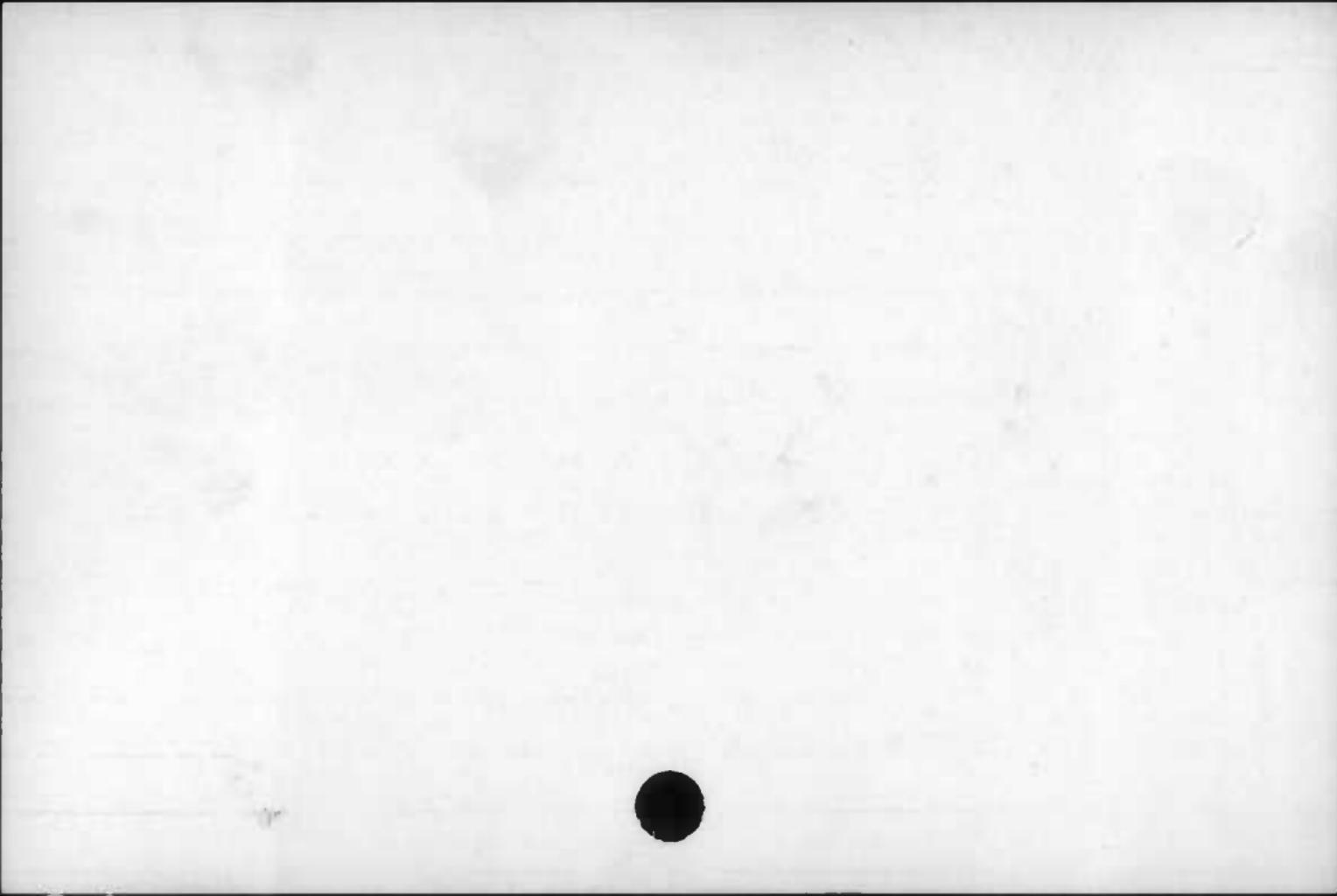
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Daisy	Howard			
Date of death	Month	Day	Years	Months	Days
1909	July	11	Age	Still born	
Sex	Female	Color or Race	Negro.	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Zacarias J. Dotson	Father's Birthplace	Md.		
Mother's Maiden Name	Emma J. Dotson	Mother's Birthplace	Md		
Name of person giving Information	Emma J. Dotson	How related to deceased	Mother		
CAUSES OF DEATH					
Primary	Maternal anæmia				
immediate	Abdominal cramps				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
Yes.		Address	J. W. Lang. Linton.		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

R. E. Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fulton Town
Date of death 1909 Month July Day 8

County Howard
Years 26 Age unknown
Months — Days —

Sex Male Color or Race white

Birth-place unknown

Occupation

unknown Salesman Where Residing if not
at place of death

Richmond Va

Married, Single or Widowed Son Name of Wife or Husband

Marius J. Duvall

Father's Birthplace

G. A. Co.

Father's Name

Mother's Maiden Name

Mary. Sted.

Mother's Birthplace

Name of person giving
Information

J. A. Malony

How related
to deceased

178

How long

suddenly

Primary

Heart Failure

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate

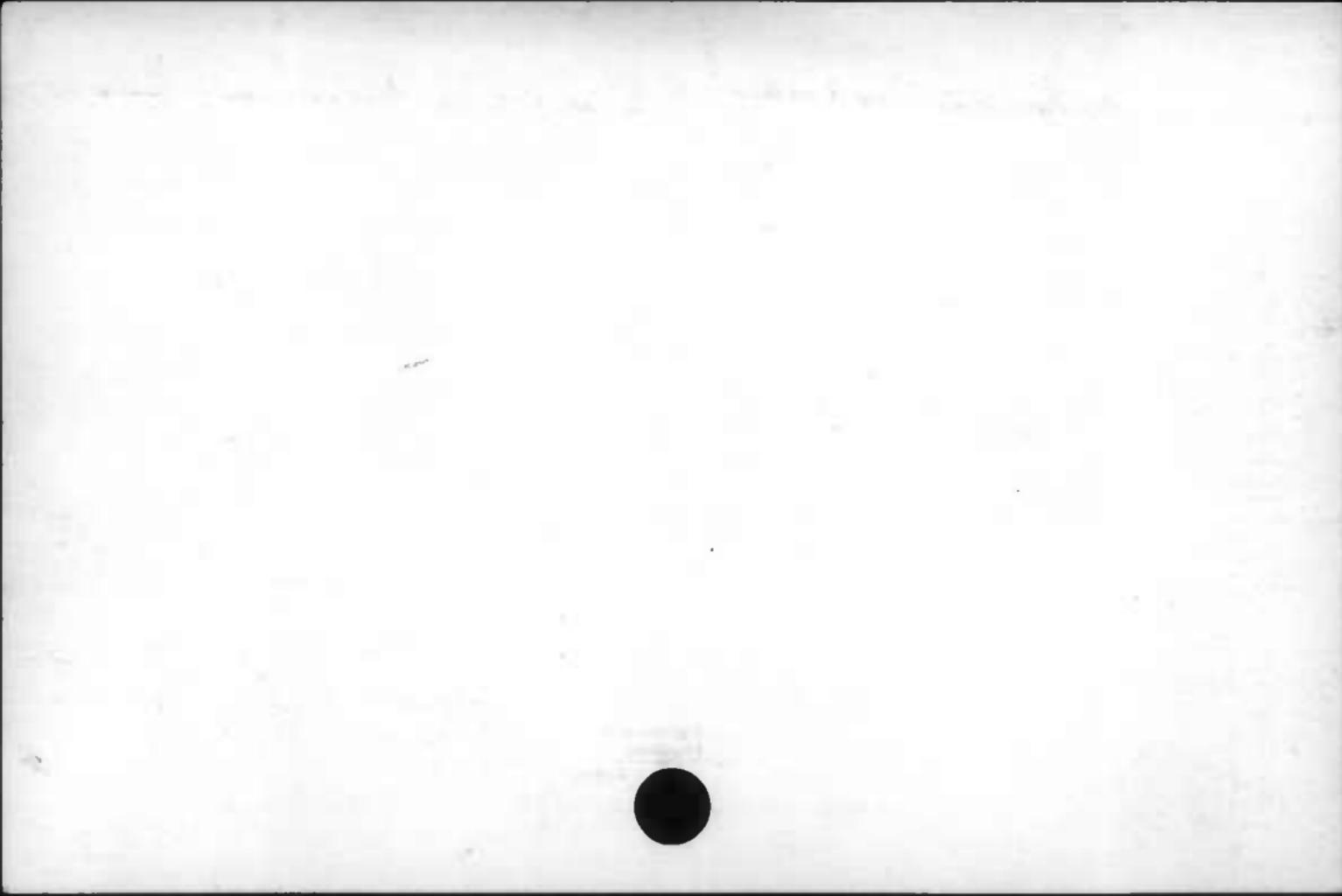
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B. T. Disney J.P.
Highlands Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Regina Elmore

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		July	31	01	Age	4 24
Sex	Female	Color or Race	white		Birth-place	Bolton Ind
Occupation	Housewife	Where Residing if not at place of death		Retired in Bolton		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edward Elmore			Father's Birthplace	New York	
Mother's Maiden Name	Mary Hudson			Mother's Birthplace	Maryland	
Name of person giving Information	Mary Hudson			How related to deceased	Mother	

CAUSES OF DEATH

105

How long

How long

Primary

Enteric Colitis

Immediate

some

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Arthur Williams
Elk Ridge Ind

9

no

Accident or Suicide

Wm B. Crothers
428 Frederick Ave
Baltimore.

Name
in
Full

Benjamin W. Goodrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Ellicott City		Howard	
Date of death	Month	Years	Months
1909	July	29	Age
Sex	Color or Rcs	(Leol)	Days
Male		32	
Occupation	Birth-place		
Minister	Maryland		
Married, Single or Widowed	Where Residing if not at place of death		
Single	none		
Father's Name	Name of Wife or Husband		
John H. Goodrich			
Mother's Maiden Name	Father's Birthplace		
Mary A. Parker	Maryland		
Name of person giving Information	Mother's Birthplace		
John H. Goodrich	Maryland		
How related to deceased			
Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

Immediate Asthenia

Are the name, age, sex, color, date and place correctly given above?

Patient of Dr. W. C. Stone

Incident or Suicide

Signature of Physician

Address

W. B. Lambill
Ellicott City, Md.

27

How long

2 years (?)

How long

6 months (?)

152

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Hill Hanson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	78	0	1	
Occupation	Carpenter		Where Residing if not at place of death New Jessup				
Married, Single or Widowed	Yes	Name of Wife or Husband	Loura Hanson				
Father's Name	Unknown		Father's Birthplace Unknown				
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown				
Name of person giving Information	Frank Hanson		How related to deceased Son				

CAUSES OF DEATH

79

How long

3 year
progressive

How long

Mr. William M.D.

Savage M.D.

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease

Immediate

embolism

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

8

Accident or Suicide?

Within



Name
in
Full

William Lemuel Hoon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Dorsey		Howard			
Date of death	1909 July	Month	Day	Years	Months
		8	Age	0	1
Sex	Male	Color or Race	White	Birth-place	Dorsey, Md.
Occupation	None	Where Residing if not et place of death Dorsey, Howard Co., Md.			
Married, Single or Widowed		Name of Wife or Husband None			
Father's Name	Richard Stewart Hoon.				Father's Birthplace Annapolis, Md.
Mother's Maiden Name	Annie Baird				Mother's Birthplace Scotland
Name of person giving Information	Mrs. R. S. Hoon				How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm R. Eareckson

Address

600 Ridge

Accident or Suicide

8

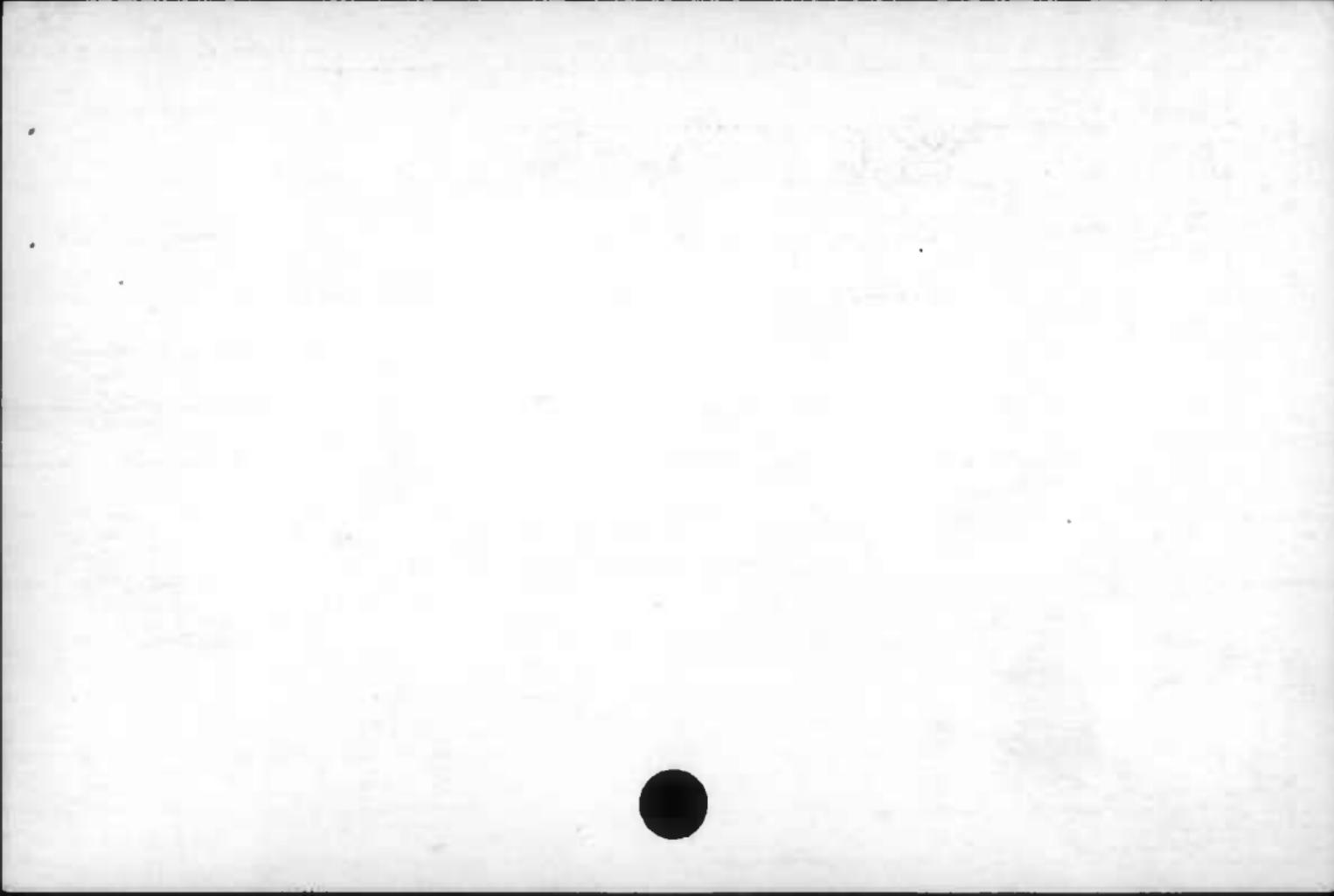
151 X

How long

one month

How long

about 5 days



Name
in
Full

Benjamin Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Ellicott City	Howard		Months	Days
Date of death	Month	Day	Age	Years
1909	July	31 st	80	80
Sex	Male	Color or Race	Black	
Occupation	Farmhand			
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	not known			
Mother's Maiden Name	not known			
Name of person giving Information	S.M. Johnson			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hanging and

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William F. Liley (Coroner)
Ellicott City, Md

D

Accident or Suicide

157

How long

X

How long

X

951

Name
in
Full

Edna Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
9 July	23	Age	—	4	8	
Sex	Female	Color or Race	white	Birth-place	Md	
Married, Single or Widowed	Occupation		—			
Name of Wife or Husband	—					
Father's Name	Geo. W. Johnson					
Mother's Maiden Name	Marie Smith					
Name of person giving information	Geo. W. Johnson					

Father's Birthplace

Mother's Birthplace

How related to deceased

105

Md
Md
Md
Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Cholera
Immediate	Exsanguination
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

24 hours

—

John W. B. Morris and
Elliptic City Md

Diff. C. of

8

LIBRARY BUREAU A28816

July 25 1909
Place of Birth St Marys
Hampden
W. E. Brewster Son
undertaker
3617 Chestnut Ave

156

Name
in
Full

Major Henry Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Savage Town Howard County
Date of death 1909 Month 7 Day 1 Age 61 Years 61 Months 1 Days 6
Sex male Color or Race white Birth-place va.
Occupation Carpenter Where Residing if not at place of death Savage Md
Married, Single or Widowed married Name of Wife or Husband Martie Jones
Father's Name Berryman Jones Father's Birthplace va.
Mother's Maiden Name Richmond Mother's Birthplace va
Name of person giving information Carson W. Jones How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver

112

6 mrs.

Immediate

Heart Failure

progressive

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

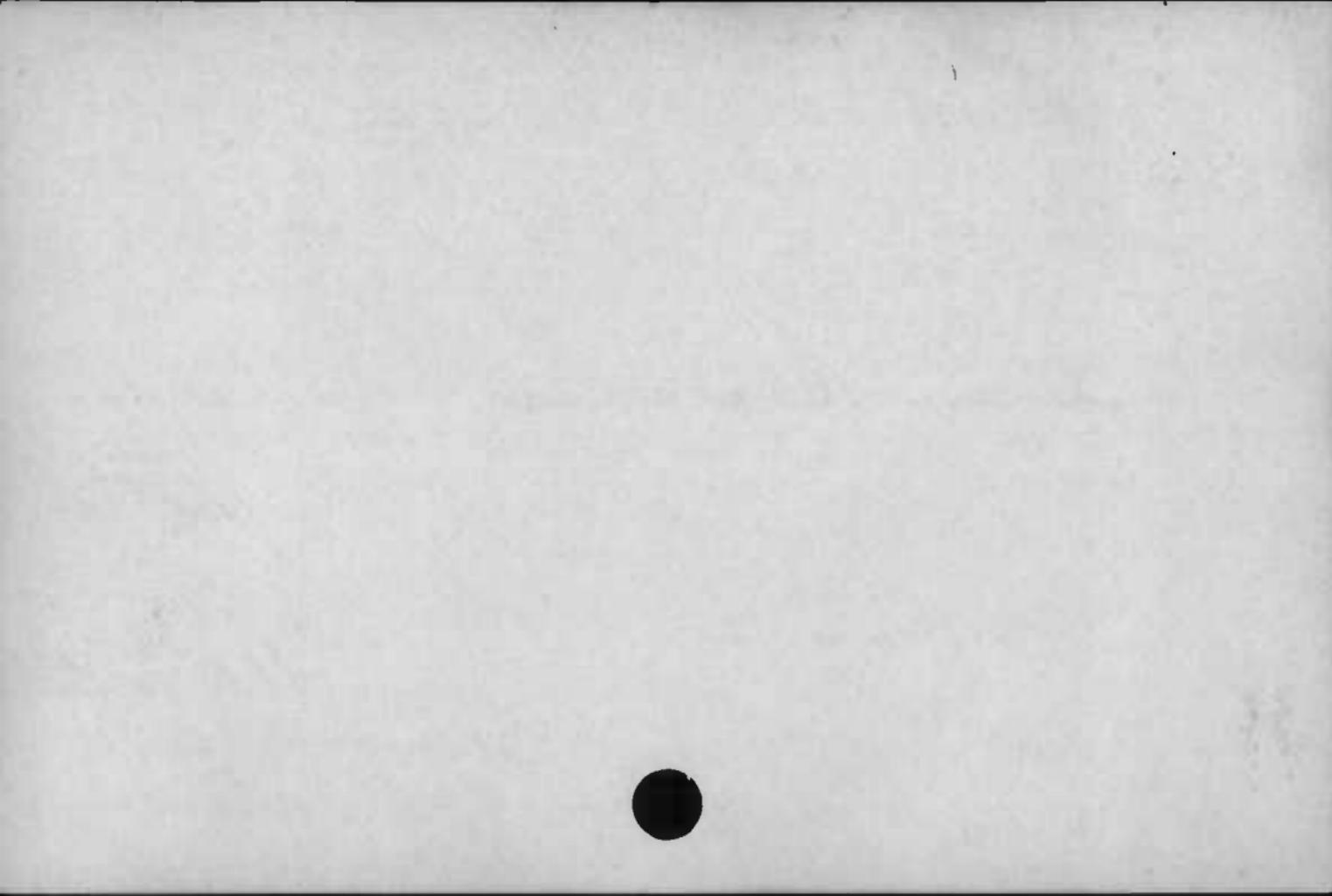
Address

J.W. Linton M.D.

Savage Md.

Accident or Suicide?

8



Name
in
Full

Emma Klaesches

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Ellicott** Town **City** **Howard** County **MARYLAND**
Date of death **1909** Month **July** Day **18** Years **—** Months **2** Deys **25**
Sex **Female** Color or Race **White** Birth-place **Howard Co**
Occupation **—** Where Residing if not at place of death **—**

Married, Single or Widowed **—**

Name of Wife or Husband **—**

Father's Name **Henry Klaesches**

Father's Birthplace **Germany**

Mother's Maiden Name **Minnie Jordan**

Mother's Birthplace **Germany**

Name of person giving Information **Henry Klaesches**

Related to deceased **Father**

Primary

Marasmus
by starvation

CAUSES OF DEATH

151

X

How long

Immediate

11 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

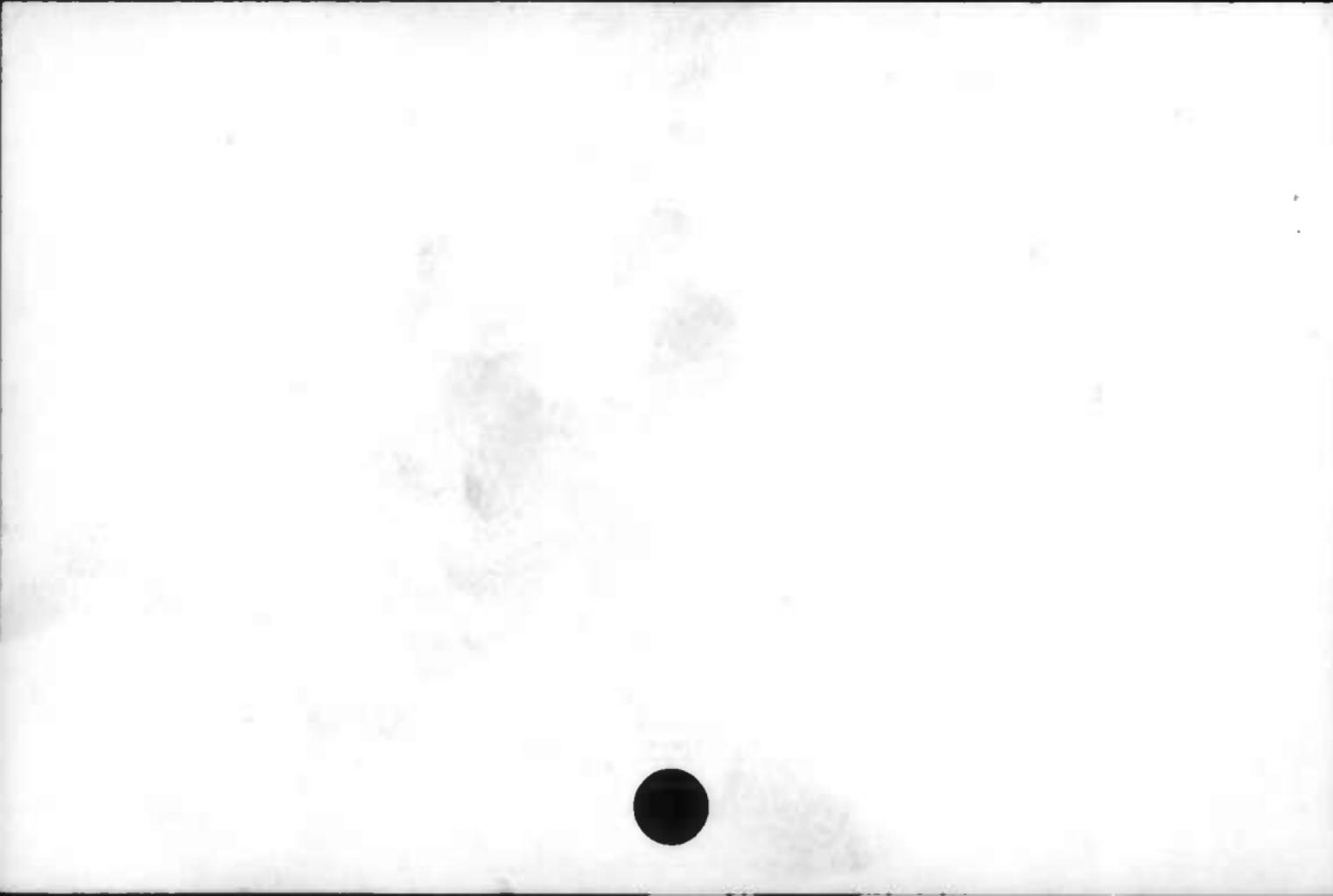
Address

John W. Stith Jr.
West-Friendship
Howard Co. Md.

PHYSICIAN
OR CORONER

8

Accident or Suicide



Name
in
Full

Rosie Pearl Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Diad at	Ellicott City	Howard	Months	Days
Date of death	1909 July 29	Age 3		
Sex	Female	Color or Race	white	Birth-place
Occupation	Infant	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	_____	
Father's Name	John F. Porter	Father's Birthplace	Md	
Mother's Maiden Name	Ida L. Hendricks	Mother's Birthplace	Md	
Name of person giving Information	John F. Porter	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	X
Immediate	Broncho-Pneumonia	3 Weeks	
Are the name, age, sex, color, date and place correctly given above ?	yes	9 days	
	Signature of Physician	Wm B. Gambrell	
	Address	Ellicott City, Md.	
8	Accident or Suicide		

557

Name
in
Full

Sophia Reboltton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Diad at

Elk Ridge

County

Hagerstown

MARYLAND

Date
of death

1909

Month

7

Day

27

Years

50

Month

3

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Elk Ridge

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sophia Reboltton

Father's
Name

not known

Father's
Birthplace

Mother's
Maiden Name

"

Mother's
Birthplace

Name of person giving
Information

Sophia Reboltton

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Paralysis

166

Paralysis

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

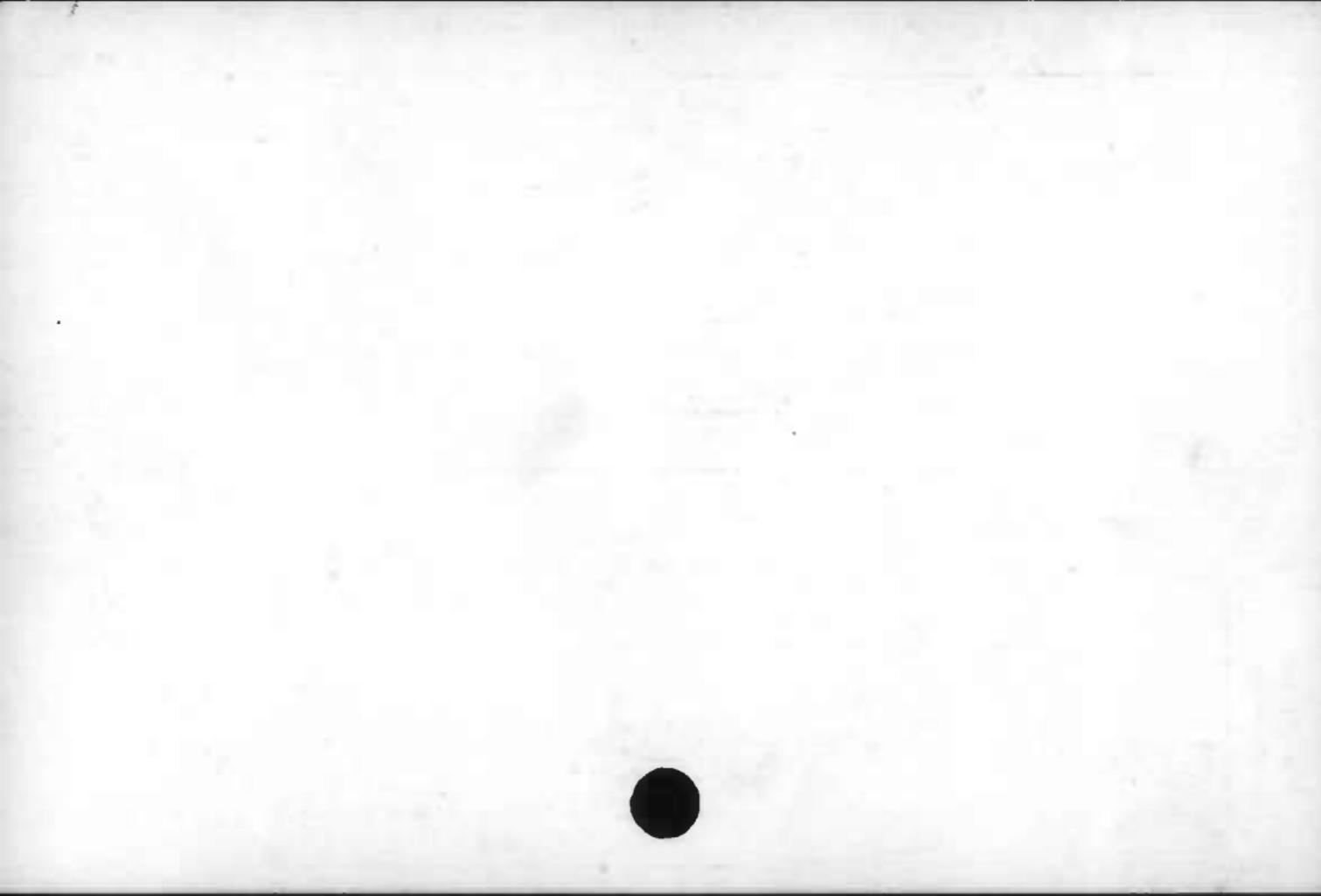
Signature of
Physician

Address

11 Tongue
Elk Ridge
Md

Q

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard Reely

Died at Guilford

Date of death 1909

Month July

Day 7

Howard

County

CERTIFICATE OF DEATH

MARYLAND

Age

Years

Months

Days

8

27

Sex

male

Color or
Race

white

Birth-
place

Guilford

Occupation

Where Reiding if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Richard Reely

Father's
Birthplace

Guilford

Mother's
Maiden Name

Anne Gavigan

Mother's
Birthplace

Balto Co

Name of person giving
Information

Richard Reely

How related
to deceased

father

CAUSES OF DEATH

Primary

Malnutrition

14

X

How long

5 months

Immediate

Dysentery

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas Tumbleton.

Guilford
Md

Accident or Suicide

8

103

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

(Not named) child still born Sauter

CERTIFICATE OF DEATH

Died at Doughoregan

County
Howard

MARYLAND

Date
of death 1909Month
JulyDay
21stYears
Age

still

Months
Born

Days

Sex
FemaleColor or
Race

white

Birth-
place

Doughoregan

Occupation

None

Where Residing if not
at place of death

at residence

Married, Single
or WidowedName of Wife or
HusbandFather's
Name
Walter Y. F. SauterFather's
Birthplace
BaltimoreMother's
Maiden Name
Helen BanksMother's
Birthplace
Lake City MinnName of person giving
Information
Walter Y. F. SauterHow related
to deceased
Father

CAUSES OF DEATH

Primary
Mother had a fearful fit 2 days
immediate supposed to be shock

How long
Dead born
not known

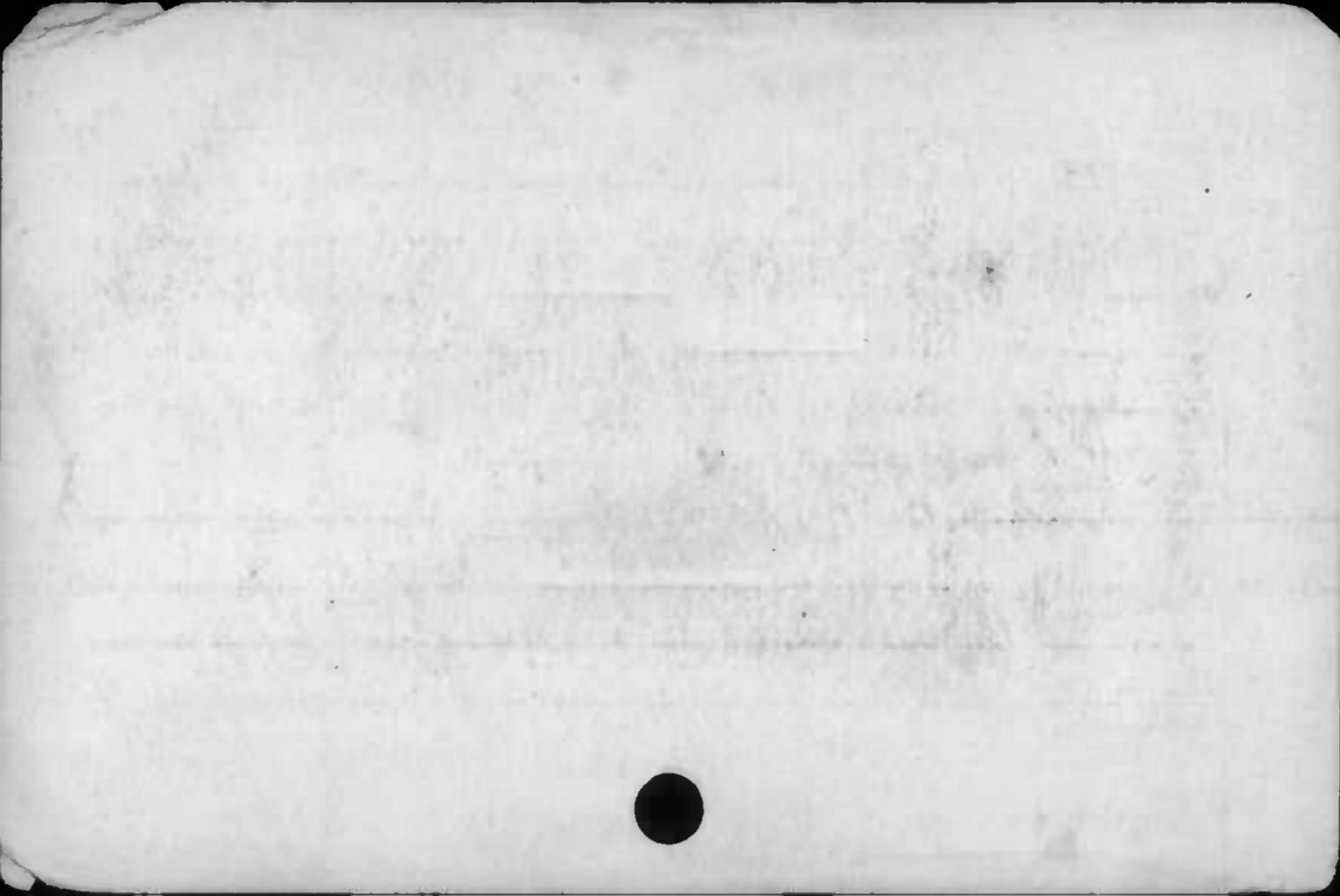
Are the name, age, sex, color, date
and place correctly given above?
yes

Signature of
Physician
Address

Benj F. Shifley M.D.
alpha Md

Accident or Suicide?

Possibly accidental



Name
in
Full

Mary Mathilda Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Waterloo Town Stoward County MARYLAND
Date of death 1909 July 22 Age 59 Months 1 Days 17
Sex Female Color or Race white Birth-place Md
Occupation Housewife, Where Residing if not at place of death
Married, Single or Widowed widow Name of Wife or Husband Geo. A. Scott
Father's Name James Boyd Father's Birthplace Md
Mother's Maiden Name Mary M. Hedrick Birthplace Baldwin
Name of person giving Information Robert White Relation to deceased Son in law

PHYSICIAN
OR CORONER

Primary

Heart failure & Nephritis

Immediate

Uremic Coma

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of
Physician

Address

Chas. S. Dumbarton

Glulford
Md -

8

Accident or Suicide

CAUSES OF DEATH

120

How long

X

How long

2 days.

Name
in
Full

Katie Mary Seal
Town Laurel
Died at Laurel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date of death 1909 Month 7 Day 24 Age 18 Months 3 Days

Sex Female Color or Race White Birth-place Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

Rosa Seal

Mother's
Birthplace

unknown

Name of person giving
Information

mother

How related
to deceased

-

CAUSES OF DEATH

Primary

Congestive heart
failure

179

How long

3 mo.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

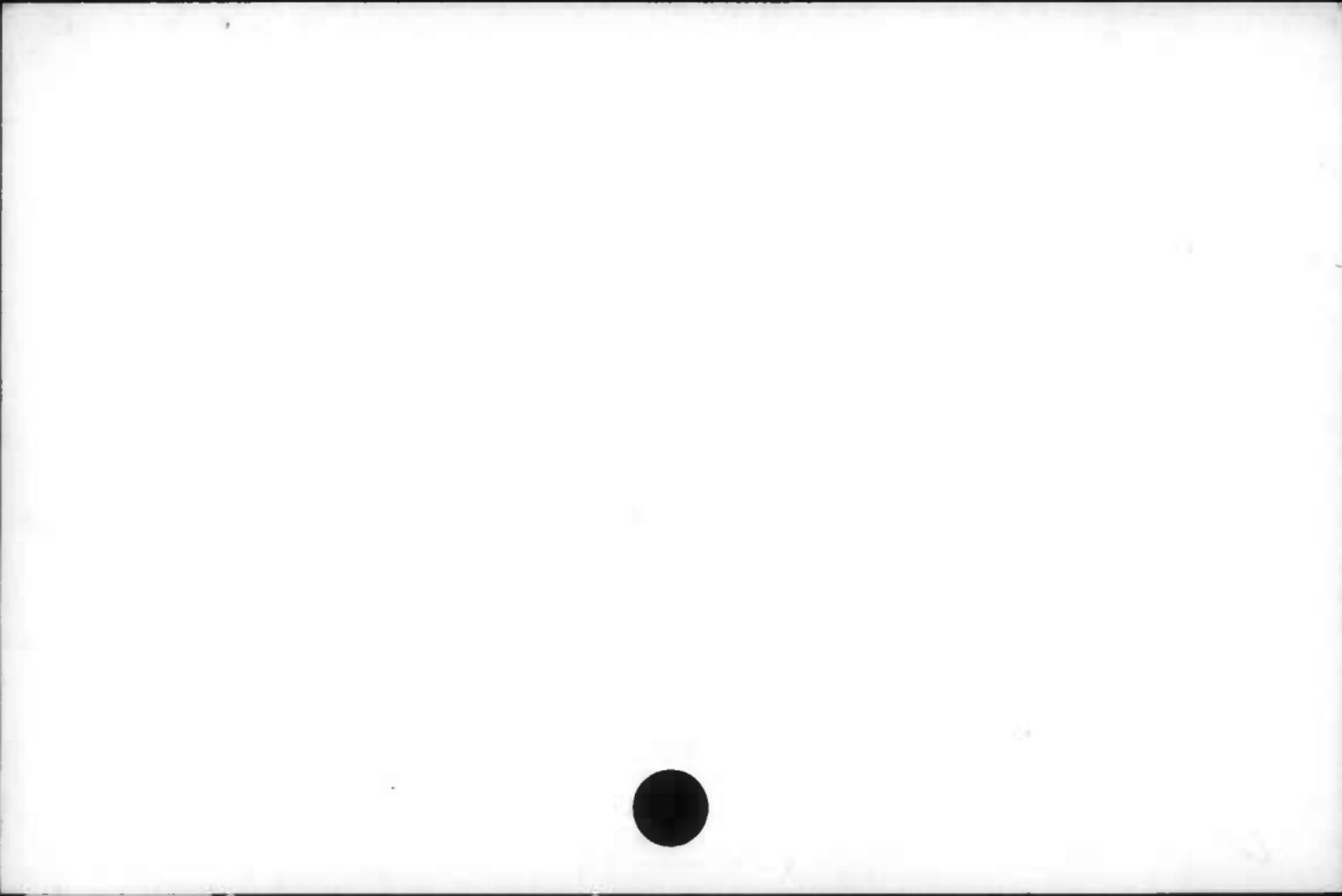
Signature of
Physician

Address

Dr. Grammell
Laurel

PHYSICIAN
OR CORONER

8
Accident or Suicide



Name
in
Full

Jacob Alvin Specht
Town County
1177-1177-1177

CERTIFICATE OF DEATH

Died at		Savage		Horrans		MARYLAND	
Date of death	1909	Month	7	Day	7	Years	3
Age		Months		Days	8		
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	Infant		Where Residing if not at place of death		Savage		
Married, Single or Widowed	Sing	Name of Wife or Husband					
Father's Name	J. Jacob Sprackt				Father's Birthplace	Md.	
Mother's Maiden Name	Vicka Warkay				Mother's Birthplace	Md.	
Name of person giving Information	Vicka Sprackt				How related to deceased	Mother	

CAUSES OF DEATH

104

TO BE ANSWERED BY
NEAREST FRIEND

**PHYSICIAN
OR CORONER**

Primary

Aculi Indigutini

⁸ To Lamps

Immediate

Exhauſtive

How long progressive

Are the name, age, sex, color, date and place correctly given above?

you

Signature of
Physician

Address

Accident or Suicide?

with

M

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Frederick Weyrich

CERTIFICATE OF DEATH

MARYLAND

Died at Atholton Town County Howard
Date of death 1909 Month Day 8th Year 33 Months 4 Days 1
Sex Male Color or Race white Birth-place Baltimore Md.

Occupation Carpenter Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary M. E. Weyrich

Father's Name Otto J. Weyrich

Father's Birthplace Baltimore Md.

Mother's Maiden Name Anna E. Germersoth

Mother's Birthplace Baltimore Md.

Name of person giving Information Mary M. E. Weyrich

How related to deceased wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

Immediate

Heart Failure

X

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas C. Tumbleston
Guilford
Md.

Accident or Suicide

J

